

Baby-boomers and the ‘denaturalisation’ of care-giving in Quebec

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ABSTRACT

The North American post-war generation, known as the baby-boomers, has challenged traditional family relations and the sexual division of labour. How do these challenges play out in the face of frail, ill or disabled family members? A study undertaken in Montreal, Quebec, with baby-boomer care-givers aimed to raise understanding of the realities of this group. We met with 40 care-givers for a one and a half-hour qualitative interview to discuss their identification with their social generation, their relationship to care-giving, their values regarding care-giving, and the reality of the care-giving they offer. The findings indicate that women, in particular, no longer identify themselves mainly in terms of family. For most, care-giving is not their only or even their dominant identity. They are actively trying to maintain multiple identities: worker, wife, mother, friend and social activist, alongside that of care-giver. They are also participating in the very North American process of individualisation, leading to what we call the ‘denaturalisation’ of care-giving. Notably, the women we met with call themselves ‘care-givers’ and not simply wives, daughters or mothers, denoting that the work of care-giving no longer falls within the realm of ‘normal’ family responsibilities. These care-givers thus set limits to their caring commitments and have high expectations as to services and public support, while still adhering to norms of family responsibility for care-giving.

KEY WORDS – care-givers, baby-boomers, intergenerational relations, identities.

Introduction

With advances in medical technology and pharmaceuticals and the ensuing increase in the number of people living with functional limitations, people of middle age can expect to be confronted with the reality of a disabled family

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member. Today, those in middle age correspond to the post-war cohort known as baby-boomers.¹ We should thus expect to find an increasing number of baby-boomers becoming care-givers. But the baby-boomer generation has clearly distinct social characteristics that set it apart from its predecessors and its relationship to care-giving might be very different. Do baby-boomers willingly accept the task of care-giving, and if so, how do they approach care-giving and responsibilities to ageing parents and other ill or disabled family members.

These questions are particularly relevant given the dominant ideas that exist in Quebec and elsewhere in North America and Europe with regard to this generation. Labelled as egotistical, individualist, materialistic and demanding, baby-boomers are seen as having shaped society to their own benefit, to the detriment of other generations (Benoit and Chauveau 1986; Jeambar and Remy 2006; Ricard 1992). Boomers are portrayed as ‘the me, myself and I generation’. Raised during the period of the consolidation of the Welfare State and the development of a different relationship to the state and public services, baby-boomers are seen as having high expectations of services, as being well informed and knowledgeable of their rights, and with a tendency to rock the boat. They are characterised as a group that fights to obtain services it considers as its right and is exceedingly critical of the quality of these services (Lavoie 2000). Steinhorn (2006) contrasted the baby-boomers’ values with those of their parents and concluded that the boomers constitute a determinant historical generation in terms of both the numerous rights won for various minorities and in terms of distributive justice.

Baby-boomers have been particularly influential in Quebec, as their history parallels that of its modernisation. This generation has thus been studied extensively by sociologists and others. During the 1980s and 1990s, many Quebec authors (Dufour, Fortin and Hamel 1993; Dumont 1986; Grand’Maison and Lefebvre 1993; Ricard 1992) analysed this group; all insisting on how this generation had inherited a favourable destiny. In Dumont’s (1986) view, baby-boomers had been born into a world especially designed for them, being the exclusive beneficiaries of a social security system and of stable norms and value systems throughout their productive years. Certain authors of the generation that preceded the baby-boomers and that had brought Quebec society into the modern era were critical of the potential negative impact of this generation on Quebec society. They raised alarms about the impact of the arrival of a huge number of young people, thirsting to exercise power and to belong to the new consumer society, who would more likely push Quebec society toward corporatism and conservatism, than to provoke the liberty they claimed to fight for (Ricard 1992; Rocher 1973). Baby-boomers were also severely criticised by those following them, the ‘Generation Xers’² (Benoit and Chauveau 1986; Martineau

1990), less for their alienation in the consumer society than for the corporatism and the unjust barriers they have put in the way of the Xers who have not been able to access the same advantages as the boomers. On another level, baby-boomers are sometimes described as a sandwich generation, partially because a certain number are caught between the needs of their children, labelled 'Velcro' (prolonging their stay in their parents' home well into their twenties), and those of their frail parents requiring support. But also because they are sandwiched between these family demands, employment and a desire for time to live their own lives (Kingsmill 1998; Künemund 2006; Loomis and Booth 1995; Perez-Cahill 1998). Given that baby-boomers, especially the women, are generally presumed to be less likely to define themselves uniquely in terms of their family commitments, and given that they have often been in the labour force for their entire adult lives, one might expect that they are less inclined to assume care-giving for disabled family members. Grand'Maison and Lefebvre (1993) stressed the fact that the boomers also have moral values and that they are not solely consumers who have promoted family breakup and the cult of the individual. And as Olazabal (2009) points out, this generation is much more multi-faceted than first appears. This complexity is both demographic (in Quebec, one can delineate three generations of the 1945–65 baby-boom) and sociological (the favourable generational destiny applies only to a segment of the baby-boomers, notably the oldest among them, while the youngest are part of Generation X. In 2011, it is evident that the 'destiny' of baby-boomers has been heterogeneous. Some are ageing as they had hoped to, remaining pro-active and healthy, while others are ageing with severe physical and cognitive disabilities limiting their social participation, some are financially well off and others are entering this stage in their lifecycle with few material resources and colossal family constraints, as they care for disabled ageing parents and teenage or young adult children. Some will have experienced major upward social mobility compared to the previous generation, while others have maintained the social class transmitted by their parents, some demonstrate rampant individualism while others remain close to more traditional social norms. In addition to these differences, we should not forget urban–rural divides, each locality promoting specific social behaviours and the fact that the lot of older men is quite different from that of older women (Olazabal 2009).

As the baby-boomers arrive at an age when they are key targets of social policy pushing families to care for members, notably ageing parents with disabilities, it is relevant to once again pose the question of the values they defend and the actions they pose. If much has been written about baby-boomers, in general, our knowledge of baby-boomer care-givers remains limited and fragmented. We thus decided to undertake a study of Quebec

baby-boomers to gain a better understanding of their reality and their needs. This article reports on aspects of this study that examined baby-boomer care-givers' identification with their social generation, their relationship to care-giving and their values regarding care-giving, and the reality of the care-giving they offer and proposes an understanding of our respondents' expectations and experience of care-giving as illustrations of the 'denaturalisation' of care-giving.

Quebec is an interesting place to test our analysis as its 'modernisation' took place with an important time lag after that of European countries, the United States of America and other Canadian provinces. Indeed, in Quebec the Catholic Church controlled almost all health, education and social services until the 1960s, with almost no State involvement and family values were extremely strong. With the 'quiet revolution' which led to the development of a welfare state and a local bourgeoisie who took power away from the church, there was an abrupt and radical change at all levels of society, leading to major transformations and notably an important gap between the values of the pre- and post-war generations. This phenomenon is similar to what took place in post-Franco Spain. Today, for example, Quebec has the highest rates of divorce and of non-married couples with children in North America, and women with minor children have a rate of participation in the workforce similar to those of Scandinavian countries. Finally, we believe that a key concept to help understand baby-boomers' relation to care-giving and how they construct themselves as care-givers is that of identity, while also situating relations to care-giving with regard to feminist writings on the ethics of care-giving (Finch 1989; Gilligan 1987; Sevenhuijsen 1987).

Identity and care-giving

For Anthony Giddens (1991: 53), identity can be defined as 'the self as reflexively understood by the person in terms of her or his biography'. It is a story of self that is constantly recalled and redefined, with the modern individual turning to his or her self to discover who he or she is. The work of constructing self is continual and life transitions play an important part in this work. According to Vincent Caradec (2004), transitions are moments when three processes of identity construction are activated. Taking on the role of care-giver would seem to set off these three processes. First, critical moments provoke reflexivity and a renewal of one's self-narrative. A study by Juliette Corbin and Anselm Strauss (1988) describes, in the case of couples when one partner takes on care-giving, this work of reorganising one's biography and identity, both on the individual and couple level. Secondly, transitions lead to transformations in the economy of one's commitments.

Several studies (Guberman Maheu and Maillé 1993; Hooyman and Gonyea 1995; Zarit 1991) have shown how care-givers abandon many of their social activities, employment, etc. with many of them becoming completely immersed in the care-giver role (role engulfment) (Pearlin *et al.* 1990; Skaff and Pearlin 1992). However, some feminist authors reframe the issue of the economy of commitment, by taking as a starting point that all humans are enmeshed in networks of relationships and have to find a balance between different forms of responsibility (for self, for others, and for the relationship between them (Sevenhuijsen 2000: 10). From this perspective, role engulfment would reflect one of the ways this dilemma is resolved, notable within current gender relations. Changes in commitments lead to the third process that consists of the transformation of the relational environment. Often this environment shrinks and becomes more and more limited to family members (Pearlin *et al.* 1990).

Changes in the relational environment are critical as it plays an important role in identity construction. While identity construction is mainly a reflexive process undertaken by the individual, it is also a dialogical process. One's identity is defined and validated in the course of interactions with others. Individuals with whom one is in interaction convey and actualise cognitive categories based on social location in social relations (sex, ethnicity, social class and family status) (Berger and Luckmann 1992). Based on these categories, people are assigned identities by others, what Poutignat and Streiff-Fénart (1995) called *l'attribution catégorielle* [ascribed identity]. Individuals can self-identify with these categories or assigned identity or they can distance themselves from them in their own identity construction. Many feminists have analysed how caring has been associated with being a woman and a major way for women to construct themselves and to reaffirm their gender (Graham 1983; DeVault 1991; Traustadottir 2000).

Category ascription is strongly influenced by dominant social norms and values and specifically in the case that interests us, with norms of family solidarity. For some researchers and policy makers, the fact that families and friends continue to provide most of the care-giving to the elderly despite the many documented negative effects to their social and family life, employment, finances, and health is evident proof that feelings of obligation to support family members remain strong (*see* Lavoie 2000). Others, for their part, insist on the erosion of norms of family solidarity in favour of selective and discretionary solidarities based on affective ties and the signification of one's relation to the other (Kellerhals *et al.* 1994).

Values of autonomy lead to two major forms of family care-giving and assistance to elderly family members (Archbold 1982; Kellerhals *et al.* 1994). The first is centred on doing the hands-on care-giving work, the second on having it done by formal services. Some authors consider that these two

forms of care-giving reflect two divergent models of autonomy (Clément and Lavoie 2001; Luna *et al.* 1996). The first involves family autonomy from formal services and tends to be linked more to a familist model of family cohesion and functioning characterised by a strong family identity, compulsory and generalised solidarity, rigid forms of interactions, and distrust of the outside world, including reluctance to use services. This model is most identified with the generation born before the Second World War. The second model is based on individual autonomy, of both the person requiring care-giving and other family members. Its focus is on personal autonomy and identity, selective solidarity, negotiated forms of interaction, and use of services outside the family. Formal services allow for a certain balance and help ensure personal autonomy with regard to the family. This model is seen as reflecting the values of baby-boomers.

The objectives of our study were to better understand the diverse realities of Quebec baby-boomer care-givers, their models of and relationship to intergenerational care-giving, their perception of the baby-boom generation and their identification, or not, with this social category and how this influences their values and behaviour with regard to intergenerational care-giving.

Methods

To meet our objectives, we undertook a qualitative study with baby-boomer care-givers in Quebec. Because of the limited and fragmented knowledge about this group, we proposed a descriptive study of their subjective experience so as to explore the articulation between their values with regard to family solidarity, their material conditions, their various forms of organising care-giving and the impacts of care-giving on different aspects of their lives. Our aim was to understand social processes on the basis of the meanings attributed to them by the respondents themselves. The choice of a qualitative study was seen as the most appropriate to attain our objective. The individual interview was our method of data collection and our analysis took inspiration from grounded theory (Glaser and Strauss 1967; Strauss 1987).

Selection of respondents

The respondents were self-selected women and men who identified as being born between 1945 and 1959 and as caring for a family member or friend. Early sampling was non-probabilistic aimed at gaining the broadest range of perspectives on the experience of baby-boomer care-givers. Afterwards, we moved to theoretical sampling to build on or refute the developing analysis. Thus, if early interviews appeared to indicate that social class or date of birth

(before 1952 or after) influenced the experience of informants, we sought consciously to vary the sample for these characteristics so as to confirm or not these 'emerging hypotheses'. Participants were recruited through various means: referrals by home-care-giving practitioners, care-giver groups and women's groups; newspaper advertisements and pamphlets distributed in health centres, drugstores, recreation and sports centres, and laundromats. Altogether 39 care-givers born between 1945 and 1959 were recruited to the study.

Data collection

Qualitative interviews of 60–90 minutes were conducted with each participant in their home or in a public place of their choice (*e.g.* research office, restaurant) in 2006 and 2007. The interviews covered the following themes: the organisation of care-giving and the trajectory that led the respondent to care-giving, the use or not of public, private and community services and the reasons for this, the consequences of this organisation of care-giving on different aspects of their lives, their expectations regarding care-giving and in particular their own future care-giving, their perception of baby-boomers and their identification with this group, and their perception of the differences in care-giving with previous generations. We also administered and discussed a questionnaire on norms and values with regard to care-giving that we had developed for a previous study (Guberman *et al.* 2006). Interviews took place in French or English.

Data analysis

The integrally transcribed interviews were first submitted to an intra-case or monographic and thematic analysis, aided by QRS N'Vivo 7 software. Coding took place in two stages. First we employed an intermediate approach, situated between inductive (emerging from the text, *see* Glaser and Strauss 1967) and deductive (provided by our theoretical framework). The early interviews were coded for each unit of meaning and then, comparing the codes to the various units, the codes were refined to become denser and more analytic. The interviews were then recoded with the new codes. Two or more researchers separately coded each interview and inter-judge comparisons were made throughout the process of discussing and developing the new codes. Next, more global categories were developed and efforts were made to ensure that they were exhaustive, unique, homogeneous and relevant (Mayer *et al.* 2000). We then did an inter-case analysis of each category to deepen the analysis and develop analytic sub-categories in line with our research questions. The research team constantly revised the analysis until we felt we had a complete understanding of our material in line with our objective.

Results

At the time of the interview, 15 of the 39 participants were aged 56–60 years, 14 between 51 and 55, and 10 between 44 and 50. We met with 31 women and eight men. In terms of education, a disproportionate number had been to university (20), while six had been to college, 10 had completed high school and two did not answer this question. Family incomes varied greatly among the participants, with 12 having less than Can \$20,000, six between Can \$20,000 and 39,999, four between Can \$40,000 and 59,999, and 14 more than Can \$60,000 (three people did not answer). Twenty-eight respondents were of French-Canadian origin, three of English-Canadian origin, seven were born outside Canada (six in Italy and one in Russia) and one was of Acadian descent. The majority of respondents cared for an older parent (26), while the others cared for a disabled spouse or an adult child or sibling with physical and intellectual disabilities or mental health problems.

To be or not to be a baby-boomer

Respondents in the study were very critical of other members of their generation whom they described as individualistic and self-absorbed. As one said:

You have to fulfil yourself, you have to have interesting employment, the family comes second. You have to achieve things before thinking about other people, you have to fulfil yourself before thinking about others. I'd say that's what characterises the values of the baby-boomers.³

They considered themselves to be in the margins with regard to the typical baby-boomer because of their own altruism as care-givers. As one remarked, 'we're four girls in my family. I don't see any of my sisters doing what I do. . . . It would take away their freedom'. Being a care-giver seemed to differentiate the respondents from other members of their age cohort. They considered that they had more humanist values than the egotistical values of the baby-boomers they know, and that their involvement in caring had impacted on their material conditions which were dissimilar from those of the typical baby-boomer. In the words of two respondents:

I see people my age, my sister, my brother, etc., they are all investors. They were investors at 30, you know what I mean? We have to eat well, take vacations, contribute to our RRSP.⁴ They were thinking about retirement when they were 20. I think completely differently.

Demographically, I am part of the baby-boom, but I don't really belong. . . . Three houses and two cars, I can't afford that. I'm not financially well off, I don't have a guaranteed retirement package.

The reality of care-giving creates a distance between these baby-boomers and those that they described as 'the other', those who do not care, who have been able to get rich and profit from life's opportunities. Caring for a family member put our respondents on the outskirts of their age cohort. Caring appeared to make them more aware of their altruist values and the importance of taking responsibility for others. Other baby-boomers, those who do not care, were seen as individualists interested in only their own comfort and welfare. Our respondents thus affirm that their reality is very different from those who they consider as the 'real baby-boomers' and who are not ready to compromise their lifestyles or sacrifice their own wellbeing to care-giving.

Taking the sacrifice out of caring

It is not only the non-care-givers among the baby-boom cohort that question the idea of sacrificing one's life for others, however, for the care-givers we met also renounced the notion of sacrifice. They stated clearly that they did not want to make sacrifices, even if in reality they had sacrificed many things. Sacrifice, to them, described their mothers' generation, who had no choice but to assume care-giving as an integral part of their family duties. And, unlike their mothers, even when they took on care-giving, they considered that their identity was not solely that of a care-giver. The vast majority of the respondents were in the labour force and had many other commitments in their lives besides care-giving. They thus considered that they are not forced to give up their other identities if they took on care-giving. As one explained:

I am really a happy woman because I do what I like to do. And I have to fit activities for my mother into my daily schedule. Okay, it's clear that I would never give up on my mother, but I can't give up my activities either because that's what stimulates me; that's what keeps me alive.

Also, the baby-boomers saw themselves as having a free choice in accepting the care-giving role and contrasted their voluntary decision with the idea of sacrifice that they saw as synonymous with obligations to care. As one reasoned, 'that's the difference; our parents were bound to do it. We're not bound today, we have a choice'. Another respondent elaborated the point:

Today, you're not obligated to take care of them. If you don't, the government will take charge or someone else will. Before it was an obligation, now, those who do it, do so because they want to. It's their choice.

The fact of assuming a multitude of activities including those related to self-actualisation, and maintaining social relations appears to make the context of baby-boomers' care-giving different from that of their predecessors by

eliminating the notion of sacrifice. Previous generations were constrained to assume care-giving and limited to caring. Most of the interviewed baby-boom care-givers perceived their situation within the framework of free choice and the ethics of care (*cf.* Gilligan 1987; Sevenhuijsen 2000). Central to the representation of care-giving as a choice and as just one of many identities is the existence of public services. As two interviewees pointed out:

We're quite lucky to have State support. Our mothers were more at home and they couldn't think like we do and ask for help because there wasn't any.

[One of the things achieved by] my generation, which came to power, was the development of public resources for our older people. We couldn't take them with us into our homes, so we developed that and we placed value on it.

Other studies have shown how baby-boomers have contributed to redefining parental and grandparental structures by involving the state as a 'partner' in the organisation of services for families (Dandurand and Kempeneers 2002; Dandurand and Ouellette 1992; Le Breton 1990; Vigarello 1993). It would appear that they are extending this redefinition to their care-giving relations with their frail parents. The role of public services is pivotal in their understanding of their role as care-givers.

New conceptions of family solidarity

The establishment of public services as a major player in community care-giving to older people coincided with a redefinition of family solidarity and family responsibility for older people. In (post-) modern society, prescriptive norms of family solidarity are much weaker, leaving room for interpretation in how to define and fulfil family obligations. Competing considerations can legitimately be invoked to reinforce or limit feelings of responsibility for older family members. Considerations such as the nature of the interpersonal relationship, obligations to descendants, personalities, or competing demands can all justify the non-fulfilment of some or all responsibilities to the older parent (Lavoie 2000; Guberman *et al.* 2006). As one respondent reflected:

I'd like to move my parents to my home, but I'd have to really think about it. I haven't finished paying off the house. I have to think of myself. I have a life, I've a son who's still in school, and I have to help him out.

In particular, the appreciation of the relationship with the older parent has become a stronger basis for filial obligation than family status. In the words of one respondent, 'if your parents never took care of you, I'm sorry, but I don't see why you'd be obliged to care for them'. When baby-boomers do accept the caring role, in most cases it is conditional and delimited. Many of our respondents spoke about the restrictions they put on the care-giving they

offer, particularly concerning the tasks they are willing to assume and the frequency of their help. As two women who were caring for their mothers said:

She wanted to have more visits, but technically it's not possible because we all live far away. I finish working at 6 pm, say. Getting out to her residence, I wouldn't arrive until 7 pm. I'm tired at the end of the day, I barely have enough energy to make supper. It's the same for my sister; she has her kids' soccer practices, lessons for this and that. So . . . our lives are organised in ways that don't include her. I hear myself talking and I feel like a real baby-boomer! Very self-centred, but that's the way it is . . .

I [frequently tell her] 'no, that, I can't do it', or 'that I can do'. Or, if she said to me, 'I want to go to the hospital', well I'd say, 'look!' . . . And I'd show her my schedule and I'd fit her into my schedule. Sometimes, even often I'd adapt my schedule, but when I felt that it was no . . . you see, we have a country house, I wanted to go there on the weekend, so I would say to her, 'Well, we'll go to the hospital Sunday evening'.

Most of the respondents were also very reluctant to take on instrumental and nursing care, partly because this on-going, often daily and even hourly care-giving would make it difficult to maintain their current lifestyles, fulfil their multiple commitments, and also because they feel that much of the hands-on assistance is specialised care-giving that requires trained and qualified workers. They are thus very open to delegating much of the care-giving, particularly the instrumental tasks, to service providers. The reasoning was elaborated by two respondents:

It matches my values because I'm not forced to offer all my mother's care because she gets care from other people and she's happy with this care. So I don't feel guilty that I don't cook for her. . . . Since she has services I can freely live my life and it becomes my choice to take care of my mother, do what I want, I don't feel obliged. Of course I count on people who aren't part of the family to take care of her. . . . I think that the family means to be close to the person and see that their needs are met.

We'll take care of the emotional part. The feeling part, we can take care of it. The intimate relation, we can take care of it. That's not where we need help, our need is really physical. It takes people 24 hours a day, physically.

Our respondents thus clearly differentiated between what Fisher and Tronto (1990) and Graham (1983) called 'caring about' and 'caring for' (paying attention to and establishing the need for care, and being responsible to the person and ensuring that care takes place) and 'taking care of' (the concrete daily work of care-giving), and indicated their willingness to assume the former but not the latter. Given this conception of their role in care-giving, the presence of public services is a prerequisite for putting it into practice. Indeed public services were essential to the respondents' capacity to avoid making unacceptable sacrifices.

Within this new conception of care-giving, the role of the care-giver is to co-ordinate and manage the various services required, not to provide these

services. At the same time, the care-givers are answerable for the quality of the services provided to their older parent. They thus assume a watchdog function ensuring that services respect the dignity and humanity of the older person. But baby-boomers' conceptions of quality care often goes far beyond notions of professional competency and humanism to embrace modern conceptions of social inclusion and citizenship. Quality care means considering the older person as a full citizen who must be helped to participate in social and civic activities. Bingo and card games are no longer sufficient; many respondents expected their frail parents to continue going to museums, taking music classes, attending their Golden Age Club and participating in elections and other political activities, and they expected public service to facilitate these possibilities.

Not a sacrifice . . . the gap between discourse and practice

In Quebec, as in many other countries, long-term care services are offered on the presumption of family responsibility for older care, and as such are rationed (Lavoie *et al.* 2005). The quantity of services is thus rarely up to baby-boomers' expectations and forces them to invest in hands-on care-giving to a far greater extent than they would like (Lavoie *et al.* 2009). Consequently, if the baby-boomers we met perceive their situation as different from that of their parents, especially their mothers, if they refuse the sole identity of care-giver, they are still not exempt from many of the negative consequences that care-giving can have on their lives, especially as they try to maintain their multiple identities and respond to the various demands on their lives. Indeed, when we examined the impacts of caring on them, their discourse resembled in all ways that of their predecessors. For example, when they spoke about the impacts of care-giving on their physical and mental health, many of the respondents used the exact same terms employed by care-givers in 1980s and 1990s studies: backaches, headaches, fatigue, burn out, insomnia, helplessness, anxiety and depression. When referring to their family life, many talked about the unavailability for other family members – spouses, children and grandchildren. The majority of respondents who were in or had recently left the labour market had to make major accommodations similar to those that have been described for 30 years – cutting back on work hours, refusing promotions, taking unpaid leave or early retirement, lack of concentration, etc. But, as work remained an important aspect of their identity, they talked about this with bitterness. As one reflected:

My self-confidence . . . we define ourselves by paid work. So when you work at home to care for a frail older person, that means you don't really do much, socially speaking. It was hard to accept that.

Discussion

As the last quote reveals, many *Québécois* baby-boomers find themselves caught between the very modern obligations of personal self-fulfilment and self-actualisation, notably through paid employment, and the imperatives and constraints linked to their care-giving, despite their vision of themselves as service co-ordinators. Indeed, in the current social context, where one's identity is profoundly shaped by dominant social prescriptions to be productive and to self-actualise, the majority of baby-boomer care-givers that we met had adopted this value system and felt constrained to pursue and maintain all the other aspects of their lives as workers, lovers, parents, grandparents, friends and social activists, which created a multitude of identities that had to be maintained to feel successful. When circumstances, and notably the lack of sufficient public service provision, push them to make concessions or to limit their identity to that of care-giver, the respondents felt betrayed, or at least on the sidelines of society. As their principal strategy for reconciling the contradictory imperatives they faced was to delegate personal and nursing care to others, the lack of public support was severely criticised, as their inability to put into practice their conception of caring as a 'joint venture' with public services led to an inability to juggle all the aspects of their lives and the need to make sacrifices.

The social imperatives with regard to performance are not the only factors that push most baby-boomer care-givers to subscribe to a model of shared care-giving with public services (*see* Guberman *et al.* 2006). There are also indications that becoming a care-giver is no longer seen as a normal life transition. What is regarded as normal is having a professional life, a social life and activities enabling one to take care of oneself, even when one has to care for an older parent. In contrast to their predecessors, the *Québécois* baby-boom care-givers no longer identify with care-giving as a 'natural' women's role. Care-giving, at least the hands-on aspects of care-giving, is no longer seen as the 'natural' destiny of middle-aged women. An illustration of this 'denaturalisation' of care-giving is the fact that an increasing number of our respondents adopt the label of 'care-giver' and no longer identify themselves simply as the daughter or the wife of whoever, as was the case only a decade ago (Lavoie 2000), or as still seems to be the case elsewhere (*see* O'Conner 2007 for Canada; Thomas, Morris and Harman 2002 for the United Kingdom; Cleary, Freeman and Walter 2006 for Australia).

This change corresponds to the on-going process of individuation in modern societies (Beck 1992; Fine 2005) by which people demand to be treated as individuals rather than as members of a group or social category while recognising the principle of 'relational autonomy' (Fine 2005; Mackenzie and Stoljar 2000) and the moral dilemmas involved in balancing

responsibility for self and responsibility for others (Sevenhuijsen 2000). For Beck (1992), individuation constitutes emancipation from traditional constraints, and enables individuals to develop new forms of sociability within which autonomy of the actors is recognised and achieved. Care-giving relations can thus be developed based on mutual recognition, intimacy and reciprocity, rather than normative obligations. In this context, care-giving is perceived as the result of the relationship between the different parties based on mutual respect and the maximisation of their individual autonomy (Fine 2005: 257). This is the type of care-giving relationship that emerged from the discourse of most baby-boomers we met with as being their model, although, in practice, the care-giving relationship they were experiencing rarely resembled this ideal.

The repeated demand for financial compensation for the income lost through care-giving evident in many of the interviews was another indication of the 'denaturalisation' of care-giving. Indeed, many respondents were quite vocal in their denunciation of the free labour they were contributing, with comments such as 'we're saving the government billions of dollars', especially heard from those who had had to give up or cut back paid work. Clearly, the accentuation of the individuation process is a fundamental aspect of Quebec's baby-boomer culture and translates into preoccupations linked to one's personal development outside the family sphere after retirement. However, if, as theoreticians of the ethics of care claim, the obligation to care is a given, this individuation does not negate responsibility for care-giving and the question for care-givers is how to achieve some sort of freedom while remaining connected (Hirschmann, 1996).

It is always difficult in a cross-sectional study to distinguish between what is a result of belonging to a certain generational group and what is attributable to lifecycle stages. Our analysis is based on the reality of the multiple identities and commitments of baby-boomers, in particular women aged between 45 and 59 years. This clearly indicates a generational aspect, in particular with regard to their participation in the labour force, the rates of which are much higher for women of the baby-boom generation. If much of what we observed results from generational values, undoubtedly some aspects are also attributable to the interviewees' lifecycle stage. Our observations are pertinent at a time when these women have minor children, some are grandmothers, some are in the workforce and most have active social lives. Will retirement and the ensuing liberation of 40 hours a week have an impact on their availability for care-giving? Will it be easier to juggle care-giving and their other commitments? Will they want to do this? Baby-boomers have been shown to be very involved grandparents (Olazabal and Desplanques 2008). Will they want to invest as much in caring for their parents or might this care-giving be seen as creating contradictions with their

grandparent role? How will their values play out when they are at a different stage in their lifecycle? This is an important question as an increasing number of care-givers reach retirement with parents who will need care for many years to come.

NOTES

- 1 The baby-boomers are a generational group in demographic terms, although they actually form more than one age cohort. Olazabal (2009) considers that in Quebec they form three cohorts: those born during 1943–51, during 1952–58, and during 1959–65. The baby-boomers, at least the early cohorts, also represent what Mannheim labelled a 'social generation'; that is, an age group that distinguishes itself from its predecessors because it represents extraordinary social change and profoundly marks history. In this article we will use the term generation to refer to the post-war demographic group.
- 2 The 'X' generation is composed of those people born right after the baby-boom – between 1960 and 1970 – who in their twenties arrived on the labour market during an economic recession with all of the unionised well-paying jobs, notably in the public sector, occupied by baby-boomers.
- 3 All quotes are from respondents in the study but are not identified so as to ensure anonymity. Some have been translated from the original French.
- 4 RRSP: Registered Retirement Savings Plan (personal private retirement fund).

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